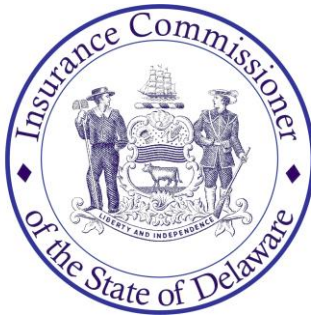


Insurance Commissioner



Department of Insurance  
841 Silver Lake Blvd.  
Dover, DE 19904-2465  
(302) 674-7300  
(302) 739-5280 fax

NAIC No: \_\_\_\_\_

## **AFFIDAVIT OF EXEMPTION**

*PLEASE EMAIL COMPLETED AFFIDAVIT OF EXEMPTIONS TO  
[Doi\\_reg303@state.de.us](mailto:Doi_reg303@state.de.us)*

The undersigned \_\_\_\_\_, does hereby swear and affirm that he/she is the individual designated to coordinate and accomplish the timely filing of all required financial forms with the Delaware Department of Insurance for \_\_\_\_\_, an insurer licensed to transact the business of insurance within the State of Delaware. Premiums earned and losses incurred for the year ending December 31, \_\_\_\_\_ are below the threshold for each line of business exempting \_\_\_\_\_ from the filing requirements of Delaware Department Regulation No. 303 (formerly Regulation No. 57) filing.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

=====

State of \_\_\_\_\_

County of \_\_\_\_\_

I \_\_\_\_\_, A Notary Public in and for the State and County aforesaid, do hereby certify that the foregoing affidavit was this day produced to me and was acknowledged to be his/her act and deed.

Witness my hand and seal of this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: